

DATE GIVEN: 1/19/07

DATE RECEIVED: \_\_\_\_\_

NAME: Charli HaSERIAL NUMBER: 10/595611

Time Out \_\_\_\_\_

Time In \_\_\_\_\_

Is there a refund due on  
this case?

Specials2 Hour Time Li

*Removed  
from  
list*

☒ YES

FEE CODE AMOUNT

26152150<sup>00</sup>2616180<sup>00</sup>
☐ NO

REASON FOR DENIAL

- PLEASE RETURN TO

*Your  
Supervisor*

~~Mrs. Rita White~~ so it can be removed  
from refund list.

cb  
ATTENTION ATTENTION ATTENTION

Method of Refund:

☐ ACH/EFT

☐ Credit Card

☒ Deposit Account # 26 - 0084

☐ Treasury Check

Patent/TM/App/Serial # 10, 595, 611

Program Area PCT National

Date Processed 01-2-07

ATTENTION ATTENTION ATTENTION

1-2 ON

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT : BUIST, Michael David  
SERIAL NO : 10/595,611  
FILED : June 15, 2006  
TITLE : SYSTEM AND PROCESS FOR FACILITATING THE PROVISION OF  
HEALTH CARE

Grp./A.U. : 3626  
Examiner :  
Conf. No. : 3529  
Atty Docket No : P07558US00

Commissioner for Patents  
Attention: Refund Section, Accounting Division, Office of Finance  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR REFUND**  
(Improper charge of Deposit Account)  
(37 CFR 1.26(b))

**I. REFUND REQUEST**

This is a request for a refund with respect to the charge to Deposit Account 26-0084 shown on the statement for the month of December, 2006 for the above-identified application.

A copy of the monthly statement in which the error referred to occurs accompanies this request.

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**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

☐ deposited with the United States Postal Service with sufficient postage as First Class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 1/2/07

**FACSIMILE/ELECTRONIC**

☒ transmitted by facsimile/electronic to the Patent and Trademark Office, Art Unit 3626 at Fax No. (571) 273-8300.

  
WENDY K. MARSH

## II. FEES CHARGED FOR WHICH REFUND REQUESTED

Code 2632	National Stage Search Fee - all other situations	\$ 250.00
Code 2642	National Stage Search Fee - Search Report Prepared and Provided to USPTO	\$ 200.00
Code 2615	Extra Claims Over 20	\$2,150.00
Code 2616	Multiple Dependent Claims	\$ 180.00

## III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

National Phase Application Serial No. 10/595,611 was filed May 1, 2006 as a small entity. Fees accompanied the application in the amount of \$1,865.00 for Basic National Stage, National Stage Search, National Stage Examination, Late Filed Oath, Fees for Claims Over 3, and Fees for Claims Over 20.

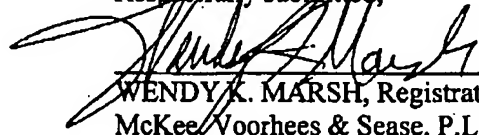
The PTO erroneously charged additional fees in the amount of \$2,750.00 for multiple dependent claims (claims 45 and 46 were amended in the preliminary amendment which accompanied the application), extra claims over 20, national stage search fee (code 2642) and national stage search fee (code 2632). Therefore the PTO erroneously charged the Deposit Account in the amount of \$2,750.00

## IV. MANNER OF REFUND

Please make refund by

- ☒ crediting Deposit Account No. 26-0084 in the amount of \$2,750.00.  
☐ refunding payment

Respectfully submitted,



WENDY K. MARSH, Registration No. 39,705  
McKee, Voorhees & Sease, P.L.C.  
801 Grand Avenue, Suite 3200  
Des Moines, Iowa 50309-2721  
Phone No. (515) 288-3667  
Fax No. (515) 288-1338  
CUSTOMER NO: 22885  
Attorneys of Record

12/18 12	10595611	P07558US00	2632 <i>total</i>	-\$250.00
12/18 13	10595611	P07558US00	2642 <i>fee</i>	\$200.00
12/18 15	10595611	P07558US00	2615 <i>claim</i>	\$2,150.00
12/18 16	10595611	P07558US00	2616	\$180.00

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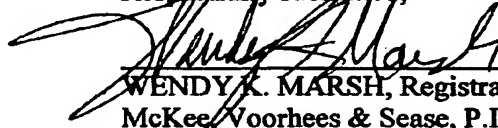
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**CUSTOMER NO: 22885**  
Attorneys of Record

Adjustment Date: 01/29/2007 CBURT1  
12/18/2006 CBURT1 00000006 260084 10595611  
01 FC:2615 2150.00 CR

Adjustment Date: 01/29/2007 CBURT1  
12/18/2006 CBURT1 00000007 260084 10595611  
01 FC:2616 180.00 CR